

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****R: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 9 - 0 0 7

2. STATE:

Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

4/1/00

5. TYPE OF PLAN MATERIAL

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 00 \$ 74,500

b. FFY 01 \$ 298,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 12 Attachment 2.6-A
Page 39. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 12 to Attachment 2.6-A
Page 3

10. SUBJECT OF AMENDMENT:

Assets test

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

LYLE QUASIM

14. TITLE:

Secretary

15. DATE SUBMITTED:

4/24/00

16. RETURN TO:

Department of Social and Health Services
Medical Assistance Administration
623 8th Avenue SE
MS: 45500
Olympia, WA 98504-5500**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

MAY - 2 2000

18. DATE APPROVED:

1-30-2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME:

Teresa L. TRIMBLE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAL AND STATE WELFARE

23. REMARKS:

REGISTERED. 5/1

Olympia

REVISION

SUPPLEMENT 12 TO ATTACHMENT 2.6 - A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT